## PART B - FEE(S) TRANSMITTAL

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SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON, DC 20037 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

APPLICATION NO. FILIN		G DATE FIRST NAMED INVENTOR			ATTORNEY D	OCVETNO	CONFIDMATION NO		
					ATTORNEY DOCKET NO. CQ10430		CONFIRMATION NO.		
10/731,816 12/09/2003			David BURT	David BURTON		430	4416	4416	
TITLE OF INVENTION: METHODS AND APPARATUS FOR MONITORING CONCIOUSNESS									
APPLN. TYPE	SMALL ENTITY			ION PREV.	PAID ISSUE FEE	TOTAL FEI DUE	DATE DATE	DATE DUE	
nonprovisional	YES	\$755.00	\$300.00	·	\$0.00	\$1,055.00 06/17/20		/2010	
EXAMINER			ART UNI	T CLA	SS-SUBCLASS				
	3735	(	500-544000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR				2. For printing	on the patent front p	age list 1	Sughrue Mion, P	LLC	
$\Box$ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2					
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) ATTACHED. Use of a Customer Number is required.				v (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
									3. ASSIGNEE NAME
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIG	NEE (B) RESI	DENCE: (CITY and	STATE OR COUN	ΓRY)					
Compumedics Limited		Abbotsford, Austra	alia						
Please check the approp	oriate assignee categ	ory or categories (wi	ill not be printed on t	he patent): 🗆 In	dividual ☑ Corporati	on or other priva	te group entity □ Go	overnment	
4a. The following fee(s) are submitted:			4b. Payme	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)					
☑ Issue Fee			☐ A check	☐ A check is enclosed.					
☑ Publication Fee (No small entity discount permitted)			☐ Paymen	☐ Payment by credit card. Form 1310-2038 is attached.					
☐ Advance Order - # of Copies				☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880.					
				☑ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.					
5. Change in Entity Sta	tus (from status indi	cated above)							
☐ a. Applicant claims S	SMALL ENTITY st	atus. See 37 CFR 1.2	27. □ b. Appl	cant is no longer	r claiming SMALL E	NTITY status. S	ee 37 CFR 1.27(g)(2	<u>?</u> ).	
The Director of the USI	PTO is requested to	apply the Issue Fee a	nd Publication Fee (i	f any) or to re-ap	pply any previously p	aid issue fee to t	e application identif	ied above.	
NOTE: The Issue Fee a party in interest as show					the applicant; a regis	tered attorney or	agent; or the assigne	ee or other	
Authorized Signature /John M. Bird/ John M. Bird, # 46,				27 Date June 16, 2010					
Typed or Printed Name	for	William H. Mandir		Registration N	o.	32,156			